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| ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619 | | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| | | | | | | Daniella | Crim | i / | | (Depositor's name) | |
| | | | | | | 1 Janu | ell | a Ci | | (Signature) | |
| | | | | | | November | 20 | , 2007 | | (Date) | |
| APPLICATION NO. | ON NO. FILING DATE | | | FIRST NAMED INVENTOR | | ATTOR | | RNEY DOCKET NO. CO | | CONFIRMATION NO. | |
| 10/648,881 08/27/2003 | | | Robert L. Koelzo | 01925-P0216A | | | - | 4884 | | | |
| TITLE OF INVENTION | I: PUMP VALVE ASSE | MBLY | | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISS | SUE FEE DUE | PUBLICATION FEE | DUE | PREV. PAID ISSU | E FEE TOTAL FEE(S) DUE | | DATE DUE | | |
| nonprovisional | NO | | -\$1400 - 1440 | \$300 | | \$0 | -\$1700 1746 | | to | 5 11/21/2007 | |
| EXAMINER | | | ART UNIT | CLASS-SUBCLAS | S | | | | | | |
| DWIVEDI, VIKANSHA S 3746 | | | | 417-269000 | | | | | | | |
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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | | | |
| Haldex B | Kansas City, MO | | | | | | | | | | |
| Please eheck the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government | | | | | | | | | | | |
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